

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010345

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 31 Primary Registration District No. 4040 Registrar's No. 10

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 9 1963

1. PLACE OF DEATH a. COUNTY BENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE MO. b. COUNTY BENTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Colo CAMP		c. CITY OR TOWN Colo CAMP	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) ANNA KATHERINE MUSSMANN			4. DATE OF DEATH MARCH 31 1963		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-24-1972	9. AGE (last birthday) 90 YRS.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING	11. BIRTHPLACE (City and state or country) HAMBURG GERMANY		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME HENRY KUECK		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE HENRY MUSSMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT HENRY MUSSMAN Colo CAMP MO.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Medullary pneumonia		immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral vasculature accident		years
DUE TO (c) Generalized arteriosclerosis		years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 5-27-66 to 3-31-63 and last saw her alive on 3-31-63 Death occurred at 6:45 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE [Signature]	(Degree or title)	22b. ADDRESS Colo Camp, Mo	22c. DATE SIGNED 3-31-63
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4-2-1963	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) SEDALIA MO.
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24. FUNERAL DIRECTOR CHARLES F. FOX Colo CAMP MO.	25. DATE RECD. BY LOCAL REG. APR 1 1963	26. REGISTRAR'S SIGNATURE E L Bishoff
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles F. Fox

Licensed Embalmer No.

4610

P. O. Address

POLO CAMP, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.